



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
AT-RISK SNACK & SUPPER MENU TEMPLATE (5 DAY)

NAME OF CENTER/FACILITY					
YEAR	WEEK OF				
	DATE	DATE	DATE	DATE	DATE
SNACK PM Serve 2 of 5					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					
SUPPER					
Milk					
Meat/Meat Alternates					
Vegetable					
Fruit					
Grain					
Other Foods					

Note: Minimum serving sizes per age group and meal requirements as listed on the Food Charts must be followed for a creditable **CACFP** meal.